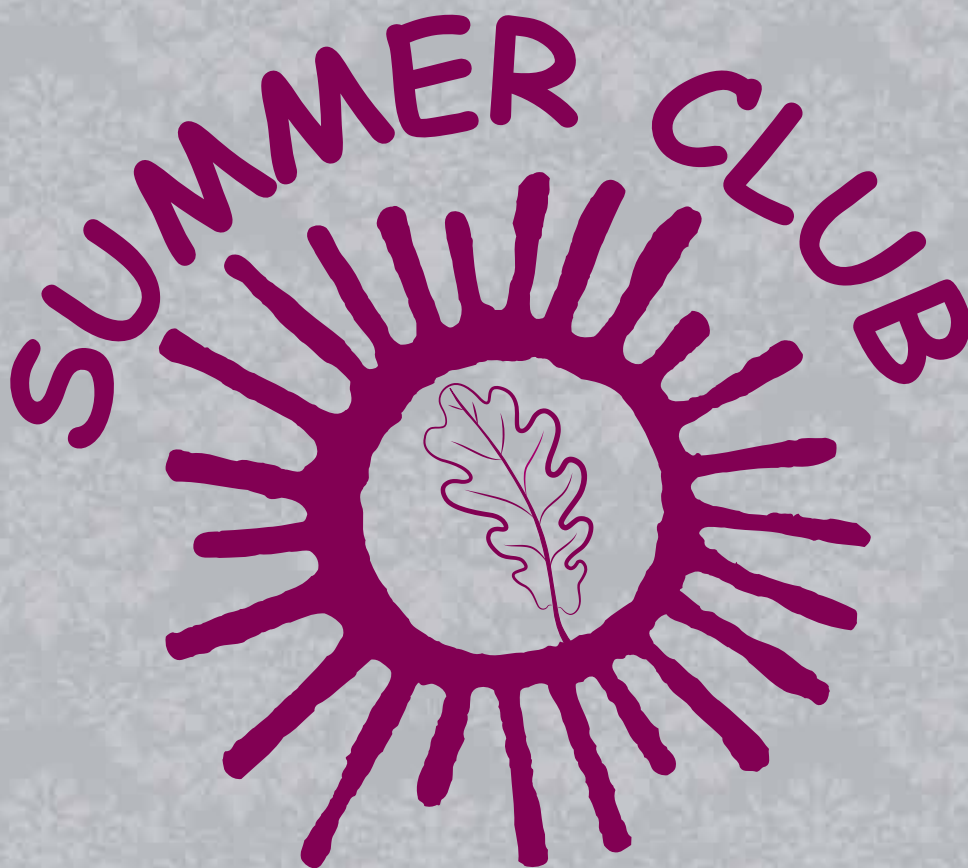




# Holiday Club Enrolment Form

*(one child per form please)*





### Your Childs Details

First Name	<input type="text"/>	Religion	<input type="text"/>
Middle Name	<input type="text"/>	Date of Birth	<input type="text"/>
Surname	<input type="text"/>	Nationality	<input type="text"/>
Preferred Name	<input type="text"/>		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Languages Spoken	<input type="text"/>		

■ Please indicate which date you wish your child to attend:

		MON	TUES	WED	THURS	FRID		MON	TUES	WED	THURS	FRID
Week <b>ONE</b>	15th July - 19th July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week <b>FOUR</b>	5th Aug - 9th Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week <b>TWO</b>	22nd July - 26th July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week <b>FIVE</b>	12th Aug - 16th Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week <b>THREE</b>	29th July - 2nd Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week <b>SIX</b>	19th Aug - 23rd Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION I - PARENTS / GUARDIANS INFORMATION

#### ■ Parent / Guardian 1

☐ Parent ☐ Guardian

Title

First Name

Surname

Relationship to child

Does the person above have parental responsibility for this child?  
☐ Yes ☐ No

#### Parent / Guardian 1 - Home Address

Nos, Name & Road

Village

Town

Post Code

Home Phone No.

Mobile No.

Email Address

#### ■ Parent / Guardian 2

☐ Parent ☐ Guardian

Title

First Name

Surname

Relationship to child

Does the person above have parental responsibility for this child?  
☐ Yes ☐ No

#### Parent / Guardian 2 - Home Address

Nos, Name & Road

Village

Town

Post Code

Home Phone No.

Mobile No.

Email Address

The child resides at Parent / Guardian 1 ☐ or Parent / Guardian 2 ☐ (IF NOT, please inform the nursery manager)



## SECTION 2 - EMERGENCY CONTACT DETAILS

**It is essential that passport size photographs of each person who may drop off or collect your child from our Nursery are provided prior to your child's first session.**

If you require any assistance in completing the following questions or require clarification please speak to our Nursery Manager.

■ Please provide details of any other person who has legal contact to the named child and their relationship to the child as well as their relationship to you:

### ■ Emergency Contact No.1

First Name	<input type="text"/>
Surname	<input type="text"/>
Relationship to child	<input type="text"/>
Home Phone No.	<input type="text"/>
Mobile No.	<input type="text"/>
Work No.	<input type="text"/>

### ■ Emergency Contact No.2

First Name	<input type="text"/>
Surname	<input type="text"/>
Relationship to child	<input type="text"/>
Home Phone No.	<input type="text"/>
Mobile No.	<input type="text"/>
Work No.	<input type="text"/>

## SECTION 3 - MEDICAL INFORMATION ABOUT YOUR CHILD

General Practitioners name: \_\_\_\_\_ Surgery telephone number: \_\_\_\_\_

Surgery address: \_\_\_\_\_ Health Visitors name: \_\_\_\_\_

■ Please indicate if your child has suffered from any of the following illnesses:

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> Polio	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> German Measles	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other

■ Please provide full details of any health or medical issues including allergies, asthma, eczema and birth related matters:

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■ Please provide full details of any additional needs and/or specific support your child may need. We will require copies of all relevant documentation including Individual Education Plans and correspondence from Health Professionals:

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■ Please provide full details of any issues relating to diet including dietary requirements (allergy, intolerance, religious reasons, and parental preference):

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*It may be necessary for you to complete additional/supplementary forms in relation to some health or dietary matters to ensure that the management and staff at Oakland Hall Day Nursery fully understand your child's needs, can regularly review them and work in partnership with you and any health professionals who may provide support for your child.*



■ Please provide any other information that you feel we should know about your child in relation to their health and wellbeing (*Further and specific information in relation to your child's likes, dislikes, sleeping, eating and toileting will be discussed and documented by one of our staff during the initial settling in session*)

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#### SECTION 4 - PERMISSIONS

■ In times of an emergency, when we are unable to contact the parents, may we contact the emergency contacts for permission to administer pain relief medicine such as Calpol or Nurofen. ☐ Yes ☐ No

■ In the event that none of the people as detailed on this enrolment form are contactable I give permission for the Nursery Manager or the Deputy to give my child pain relief medication in an emergency, in accordance with the Manufacturer's instructions/guidelines providing my child has been in attendance at Oakland Hall Nursery for at least four hours. ☐ Yes ☐ No

■ I / We give permission for my / our child to have sun cream applied. ☐ Yes ☐ No

■ I / We give permission to apply sudocreme when considered necessary. ☐ Yes ☐ No

■ I / We give permission for my/our child's face to be painted. ☐ Yes ☐ No

■ I / We agree to the senior staff and appointed First Aider at Oakland Hall Day Nursery taking the necessary steps to ensure that our child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the Oakland Hall Day Nursery environment. ☐ Yes ☐ No

■ I / We give permission for a member of senior staff and/or designated First Aider at Oakland Hall Day Nursery to accompany my child to a hospital in the case of a serious accident or illness, in my absence. ☐ Yes ☐ No

■ I / We give permission for staff to contact the emergency services in my absence. I / We also give permission for the senior staff or designated first aider to authorise medical staff to administer essential treatment until my arrival. ☐ Yes ☐ No

■ We regularly use photography and video internally within the Nursery for use in connection with the Early Years Foundation Stage and externally for marketing & editorial purposes. I / We give permission for our child's image to be used for all the above purposes. ☐ Yes ☐ No

■ I / We give permission to use plasters, bandages / dressings if considered necessary. ☐ Yes ☐ No

■ I / We give permission to use latex gloves ☐ Yes ☐ No

■ I / We give permission to use baby wipes ☐ Yes ☐ No

Signed: parent 1 \_\_\_\_\_

Signed: parent 2 \_\_\_\_\_

Name: (CAPITALS PLEASE) \_\_\_\_\_

Name: (CAPITALS PLEASE) \_\_\_\_\_



## SECTION 5 - POLICIES AND PROCEDURES

■ Oakland Hall Day Nursery has comprehensive policies and procedures which are kept in the 'Policies and Procedures' folder in our reception area for you to access at any time. If you would like copies of any part of this folder please ask a member of staff who will be happy to arrange this. Whilst we understand that these policies and procedures are not 'Light Reading' it is important that you recognise and appreciate how Oakland Hall Day Nursery will deal with and manage a range of situations regarding your child's care.

*I have read and understood Oakland Hall Day Nursery's policies and procedures.*

Signed: parent 1 \_\_\_\_\_

Name: (CAPITALS PLEASE) \_\_\_\_\_

Date: \_\_\_\_\_

Signed: parent 2 \_\_\_\_\_

Name: (CAPITALS PLEASE) \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 6 - TERMS AND CONDITIONS

By ticking the boxes below you confirm that you understand and agree to our terms and conditions.

■ In the event of my child being unable to attend Nursery due to illness or injury whether the absence is my / our decision or as a result of Oakland Hall Day Nursery policy or procedure full fees apply and alternative sessions will not be offered.





## SECTION 7 - PAYMENT DETAILS

■ Invoices are prepared and forwarded to you via e-mail 48 hours within booking of the preceding month. Payment is required by return:-

**Barclays Bank Sort Code:** 20 -19 - 95

**Account Number:** 43688739

**Account Name:** Oakland Hall Day Nursery Ltd

### In the event of late payment the following procedure will be followed:-

- 1 – Our Nursery Manager will gently remind you that your payment is outstanding either by speaking to you in confidence when you drop off or collect your child, by telephone or via e-mail
  - 2 – If payment remains outstanding after 7 days of the original invoice date, 5% will be added to the total outstanding amount and a letter will be sent to your home address showing a revised invoice amount
  - 3 – If payment remains outstanding after 14 days of the original invoice date a further 10% will be added to the total outstanding amount plus a further letter will be sent to your home address showing a revised invoice amount. The letter will give a further 7 days' notice before your child is removed from the Oakland Hall Day Nursery register and will no longer be able to attend our Nursery
  - 4 – If payment remains outstanding after 21 days of the original invoice date the debt will be passed to our solicitors
- Payment by Childcare vouchers is acceptable – please speak to our Nursery Manager who will be pleased to arrange this.
  - Oakland Hall Day Nursery does not swap sessions and all booked sessions must be paid for. Subject to availability we may be able to include an additional session at short notice for which full fees will apply.
  - Oakland Hall Day Nursery has the right to terminate the contract between you and ourselves by providing seven days written notice.
  - In the event of abuse, either verbal or physical to any member of our staff we reserve the right to terminate the contract between you and ourselves with immediate effect by providing notice of such termination.

I understand the terms and conditions as stated above and I wish to apply for a place at Oakland Hall Day Nursery Ltd.

Signed: parent 1 \_\_\_\_\_

Signed: parent 2 \_\_\_\_\_

Name: (CAPITALS PLEASE) \_\_\_\_\_

Name: (CAPITALS PLEASE) \_\_\_\_\_

**If you would like a copy of this document in a different format such as large print and Braille or require translation into another language or dialect please do not hesitate to contact our Nursery Manager who will arrange this with pleasure.**

**Data Protection:** In compliance with current UK Data Protection legislation, any information you provide will be kept secure and treated confidentially. The data collected will only be used by Oakland Hall Day Nursery Ltd and will not be disclosed to any external sources except to regulatory authorities without your prior consent. From time to time we may contact you to provide information about services we feel may be of interest to you. This enrolment form should be returned to the Nursery Manager: Oakland Hall Day Nursery Ltd, Oakland Hall, Hadleigh Road, Sproughton, Ipswich, Suffolk, IP8 3AS along with:-

**We look forward to hearing from you. Oakland Hall Day Nursery - Learning begins here**



■ Please write down any further questions or queries you may have:



THANK YOU FOR ENROLLING AT OAKLAND HALL NURSERY

YOUR LEARNING JOURNEY BEGINS NOW

## T-SHIRT INCLUDED



**Please indicate your child's size:**

9

3-4

7

5-6

7

7-8

5

9-10



Learning  
begins  
here



**OAKLAND HALL**  
DAY NURSERY

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Oakland Hall, Hadleigh Road, Sroughton, | Email: [info@oaklandhall.co.uk](mailto:info@oaklandhall.co.uk)  
Ipswich, Suffolk IP8 3AS | [www.oaklandhall.co.uk](http://www.oaklandhall.co.uk)



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